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# CHILD

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THE ROLE OF MEDICAL-SOCIAL SERVICE IN  
THE PUBLIC-HEALTH PROGRAM

CARE OF INFANTS WHOSE MOTHERS ARE  
EMPLOYED

UNITED STATES  
DEPARTMENT OF LABOR  
CHILDREN'S BUREAU



# THE CHILD

MONTHLY BULLETIN

Volume 9, Number 8

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UNITED STATES  
DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY



CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

## • YOUNG WORKERS IN WARTIME •

### Young Agricultural Workers in 1944

By IONE L. CLINTON and ELLA ARVILLA MERRITT  
*Industrial Division, U. S. Children's Bureau*

NOTE.—This article is part of a longer one describing conditions among boys and girls employed in agriculture during 1942, 1943, and 1944, when hundreds of thousands of children who had never before done farm work joined the farm-labor force and went into the fields to help in cultivating and harvesting the crops. Most of the youngsters who helped harvest the crops worked on "day hauls"; that is, they lived at home and went out to the fields in the morning and returned at night. Others lived in work camps and went to the fields daily. Still others were placed in farm homes and helped to do general farm work. Many of them were recruited through programs administered by the State agricultural extension services. Early in 1942 the Children's Bureau, realizing that the employment of this new army of boys and girls should be planned in such a way as to ensure safeguards for their health and welfare and protection from unnecessary interference with their education, cooperated with a number of other agencies in formulating policies with regard to the recruitment of youth for farm work. Representatives of the Children's Bureau have visited youth farm-labor projects each year, starting in 1942, to consult with groups sponsoring the programs and to obtain knowledge of good and bad features on which to base further planning.

#### YOUTH FARM-WORK PROGRAMS

The year 1944 saw the development of good features in scattered youth farm-work programs in different parts of the country. There seemed to be more realization that inexperienced children in farm work need special attention and understanding if the experience is to be a satisfactory one from the point of view either of the farmer or the child.<sup>1</sup> This found expression particularly in better conditions and supervision in many work camps.

#### Organization and Supervision of Day-haul Programs

As in 1942 and 1943, most of the nonfarm boys and girls who were employed on farms in 1944 worked under day-haul programs, and, although in some places efforts were made to control the conditions under which they worked, report after report from different sources indicate that most

of these programs remained unorganized and unsupervised.

In some day-haul programs observed, indeed, provision for work supervisors in the fields was not so good in 1944 as in 1943. For example, in a county in a western State that had an excellent program of this type in 1942 and 1943, work leaders in 1944 did not accompany every group of boys and girls; instead, work leaders went with a group only when the grower had not previously employed young workers. In one eastern city from which 200 to 300 boys and girls went out daily on day hauls, only three or four work leaders were provided, although funds were available for hiring more. These work leaders or supervisors were sent to different farmers every day; and the youngsters always clamored to go with them.

On the other hand, in one northeastern State, the plans for supervision of day-haul programs in 1944 showed recognition of the fact that the work leader's job is important and that it requires training and deserves fair recompense. Work leaders in several communities were carefully selected and were paid \$5 for a 6-hour over-all day. They recruited their own groups, notified the children when and where to assemble, kept order on the trucks, gave instruction in work methods, and assigned work, kept records, dealt with farmers, and rendered first aid. In other communities, a certain degree of control of the program was exercised in other ways.

But in spite of these occasional good features, the boys and girls on day hauls—the largest number of children in the emergency youth farm-labor program—continued to be recruited, employed, and transported under largely uncontrolled conditions. A very bad feature of some of these programs is the long over-all work day.

#### Ages of Young Workers

Many boys and girls under 14 years of age were employed on day-haul programs. In some

<sup>1</sup>Work Leaders for Groups of Nonfarm Youth Employed in Agriculture. Children's Bureau Pub. 303. Washington, 1944.

programs an attempt was made by placement agencies to set a definite minimum age for these children—in some places 14, but more often 12 years. Even where such a standard was established, however, it was often not maintained. For example, in a western city, boys and girls were supposed to be at least 12 years old before they could go out on day hauls, but children as young as 9 years of age came to the assembly point in the morning and were assigned to trucks. One agency reported: "Small workers were so weary when they got on the ferry at night that they didn't care whether they had their wraps or even their money."

This practice of employing very young children persisted in spite of the fact that some official placement agencies and some farmers recognized that the workers under 14 years of age were not producing enough to justify their employment to the growers and in spite of the fact that civic, school, and welfare groups recognized the undesirability of the work for these young children.

A somewhat higher standard seemed to be fairly general for the smaller numbers of children recruited by public or private agencies for farm-work camps. These were usually required to be 14 years of age or older, although the announced standard was not always adhered to, and an age lower than 14 was sometimes set.

#### Earnings

Low earnings for many young farm workers, particularly in work camps, had been found a problem in 1942 and 1943. In 1943 the requirement of a guarantee of a reasonable monetary return was recommended by the Children's Bureau and approved by the other Federal agencies concerned and by the youth-serving agencies. In 1944, in some places, agreements between placement agencies and farmers were made that provided for sufficiently high piece rates or hourly rates and for sufficiently regular employment so that youngsters could at least earn enough to pay their living costs in camps—an advance over general conditions in previous years. In too many camps, however, wage rates were still so low that the boys and girls could not earn enough to pay expenses. Few if any attempts were made to guarantee the workers in day-haul programs minimum earnings even large enough to pay their transportation.

Boys and girls as a rule were paid the same piece rates as adults. In some places, however, the adults were given the best rows to pick. This increased the adults' chances of earning a good daily wage, but reduced the chances of the children, for the poorer rows given to the children

were harder to pick. When wages were paid at hourly, weekly, or monthly rates boys and girls were usually paid less than adult workers, and even when they were paid the same wages as other beginners there seemed less chance for them than for adults that the rates would increase as they gained experience. For example, farmers paid 40 cents an hour to girls of 14 and over in one camp last summer, and the girls usually earned just enough to pay their board. But when adults came to the camp in the fall and worked along with the girls, the rate was raised to 50 cents an hour. The camp director said, "Right now with the higher rates the workers are making a little money."

#### The Workday

In 1944 plans for shorter hours on day-haul programs than had prevailed in 1943 were made in several places—in one State a 6-hour day, in a community in another State, a 5-hour day—but in general, hours for the young workers were still largely unregulated. Most of them went out early in the morning and came back late at night.

In one city in an eastern State it had been difficult in 1942 and 1943 to get the growers to return boys and girls to town at a reasonable hour. In 1944 the placement agency in this city wrote to each grower telling him that unless he returned all young workers to the city assembly center by 5 p.m. the agency would not place any more workers with him. This letter also pointed out that under the new plan, turnover, which had been high in 1943, could be expected to decrease.

In some work camps boys and girls worked shorter hours in 1944 than they had in the 2 previous years, although the over-all hours were still too long in most cases. In an eastern State the growers agree that young workers in camps should work 8 hours a day instead of 9, the working hours previously established. In one area in another State a youth-serving agency that recruited boys for work camps arranged with the growers to set 7 hours as a maximum working day.

#### Housing and Camp Management in Youth Camps

Boys and girls living in farm work camps, on the whole, were housed under better conditions in 1944 than in the 2 previous years, and better plans were made for the management of the camps and the supervision of the children. Many of the camps visited were clean and attractive; some were well-constructed. In some areas regulations requiring pure water, adequate toilet, bathing, and laundry facilities, safe and clean housing, and other conditions having to do with



health and safety, were set up and were enforced through inspection of the camps. In general, also, the importance of good leadership for these young people away from home was recognized through more careful selection of camp directors and camp staff, payment of better salaries, and more frequent provision of supervisors in sufficient numbers. An improvement made in some camps was to divide between two persons the responsibility for the supervision of camp and leisure-time activities and for the supervision of the child during transportation to and from work and while at work, instead of giving a single supervisor continuous responsibility for the young workers, as was found to be common in 1942 and 1943.

In some camps, on the other hand, generally poor conditions were found. Indeed, some of the otherwise good camps failed in certain particulars; for instance, in not having adequate exits in case of fire. In others both housing and management conditions ranged from fair to very bad. For example, in one camp five boys 15 to 17 years of age were housed in a broken-down, dirty farm out-building that had only one small window, unscreened, and had no floor. The boys washed under a pump in a nearby barn, cooked their own breakfast and lunch, and at night walked to town for their evening meal. In another camp 16 boys were housed in an unscreened shack, with double bunks, and shared one open-pit privy with a family of five adults and five children who lived close by. Water for drinking and washing purposes was brought from town and stood about in open milk cans. Although these boys were given oatmeal and coffee for breakfast they had to do their own buying and cooking for their other meals. In these two camps, supervision was entirely lacking.

In some camps supervisors were provided, but they acted both as work leaders and as camp supervisors; thus their duties covered the entire 24-hour period. As a result, they were tired and dissatisfied and were too overworked to give the young persons in their care the best kind of attention. Moreover, some had not been prepared for the job through training courses nor had they been given information on the conditions under which they and the youngsters were to work and live. These conditions made for a very unsatisfactory experience for both the supervisors and the children.

#### Accident and Health Hazards of Farm Work

An important aspect of the employment of young and inexperienced workers on farms is the problem of accident and health hazards. Children employed in agriculture are exposed to hazardous

conditions at work and are injured more often and more seriously than is generally realized. Operating farm machinery, handling farm animals, picking tree fruits, handling farm tools, lifting heavy objects, and exposure to the sun and heat are common causes of injuries and illnesses among young workers.<sup>2</sup> Frequently medical care is not available immediately if at all, and infections may result from neglect of minor injuries.

Most of the boys and girls living in work camps or going out on day hauls from their own homes harvest berries, vegetables, cotton, and similar crops. Though much of this type of farm work does not involve great hazard, the injuries that youngsters incur even in this so-called safe work, from such causes as cuts, bruises, and heavy lifting, can be painful and even serious. Additional and greater hazards are found in other types of farm work, such as picking apples, cherries, and other tree fruits, which require the use of ladders, and in which many of these young workers are employed. For instance, in one county boys and girls who picked tree fruits suffered the following injuries in a 2-week period: Two girls, one 12 years old and one 14, were on the same ladder, and both fell from it, each sustaining a fractured arm; a 16-year-old boy was brushed off a ladder by the limb of the tree from which he was picking, fracturing his elbow; a girl received an inch-long cut on the left side of her forehead when a pail fell from an upper rung of her ladder and struck her.

Boys and girls placed in farm homes do general chores, take care of animals, operate tractors, and work with other farm machinery. In one such job a 17-year-old girl who was working as a regular farm hand fell through a hay chute from the loft of a barn while she was pitching hay and broke her back.

To minimize the risks for these workers it is necessary to instruct them in safe methods of transportation and work, and this is particularly important for children from cities and towns who because of inexperience are often not so aware as are rural youngsters of the hazards of farm jobs.

#### Accidents and Illnesses—Financial Arrangements

One of the principal needs of boys and girls sent out to do farm work is financial protection in case of accident or disease arising out of the conditions under which they work, live, or are transported to and from work. To a very large degree this need was unmet. Workmen's com-

<sup>2</sup>See Farm Accidents and Insurance Problems of Young Workers, by Miriam Noll (*The Child*, vol. 7, pp. 117-119, February 1943); and Accident Hazards to Young Workers in Wartime Agriculture, by Miriam Noll. (U. S. Department of Labor, Children's Bureau, March 1943, mimeographed).

pensation insurance, which normally applies to most workers in nonagricultural employment is not usually required for agricultural employees, although in some States the compensation law applies to farmers under certain circumstances. For example, in California any grower whose pay roll amounted to more than \$500 the previous year must carry workmen's compensation insurance on all his workers. In many States, also, farmers may voluntarily choose to come under workmen's compensation legislation; during 1943 the minimum premium payments for workmen's compensation insurance were reduced in many States for the duration of the war, thereby making it somewhat easier for farmers to buy compensation policies. Nevertheless, by and large this type of protection was lacking.

In both 1943 and 1944 the Extension Service Farm Labor Program of the War Food Administration arranged with insurance companies to make available a personal-accident insurance policy to cover boys and girls working on youth farm-labor programs. This policy gave the young workers 24-hour coverage, and applied to all bodily injuries effected through accidental means, whether they occurred in the course of work, during transportation, or while the insured worker was engaged in recreation or other activity. It provided for medical expenses up to \$250, paid \$500 to the beneficiary of the insured person for loss of life, and provided other stipulated amounts for dismemberment of hands or feet and for loss of sight. In 1944 the premium for this policy was \$1.50 a month, or \$4 for each 3-month period.

Some State extension services made their own contracts with insurance companies for personal-accident insurance, with varying kinds of coverage, different premium rates, and different arrangements for collecting the premiums.

Compared with most compensation insurance, however, the personal-accident policy had serious weaknesses. For example, it provided no benefits for loss of wages during temporary disability nor for permanent loss of the use of a part of the body if it was not actually amputated. Moreover, it was expected in general that the child or his parents would pay the premium, though in some cases the farmer or the sponsoring group did so. For these reasons and others these policies were bought only to a very limited extent.

Illness and injury due to other than accidental causes usually were not covered either under workmen's compensation insurance or under personal-accident policies. Arrangements for taking care of such cases varied a great deal. In some places the extension service used its resources for obtaining treatment. In others, as in some camps,

a doctor or a nurse connected with the camp took care of the patients. Little is known as to who paid for medical services in most cases. If the illness or injury was serious, the child was in all likelihood sent home and no report received as to the outcome. The director of one camp project stated that the insurance policies recommended by the State should have covered sickness as well as accidents.

#### Transportation

Transportation to and from work presents an additional hazard for these young workers. They ride in trucks, school busses, and passenger automobiles. In spite of some improvement during the 2 previous years, in many places the trucks used to transport boys and girls to their work in 1944 were not checked for safety features and insurance coverage. Besides, there were often no supervisors on the trucks to enforce good safety practices, such as seeing that the trucks were not overcrowded, that passengers remained seated, and that no one got on or off the truck while it was in motion. Serious truck accidents involving young workers occurred in 1944, as in previous years.

In an effort to prevent such accidents the Children's Bureau and various State and local agencies throughout the 3 years have been emphasizing the need for standards for safe transportation. This concern was indicated in 1944 in the issuance of regulations in Connecticut to control the type of vehicle used, to set speed limits, and to prevent overcrowding and a proposal in Oregon for a safety code for the transportation of farm workers. Some local groups also worked out improvements in methods of checking on the safety of trucks going out from assembly centers. In some of the organized youth programs workmen's compensation and liability insurance covering transportation were required by the placement agency before it would refer youngsters to an employer.

#### Explaining the Programs to the Young Workers

If young workers know beforehand the conditions under which they are to live and work, the program is much more likely to develop satisfactorily for all concerned. In some youth work-camp programs in 1944 the children and their parents were given complete and accurate information on these conditions. Where this was done the results were usually good, in part because this procedure indicated care in working out the program. For example, in one State, where a group of boys' work camps were planned and operated by the emergency farm-labor pro-

gram of the State agricultural-extension service, the conditions of employment were stated in detail on the application blanks given to the boys—how much and how often they would be paid, what earnings were guaranteed, and how much they would have to pay for board. They were told how many hours they would be required to work, how transportation would be furnished and who would be responsible for paying for it, and what medical care and first aid would be available.

On the other hand, material issued by some recruiting agencies, especially by growers recruiting their own workers, emphasized the glamorous nature of projects and played down the hard and trying work, the unpleasant weather conditions, and the possibilities of inadequate wages, long hours, and undesirable housing. As an example, recruitment publicity in one area held forth a promise of high earnings and of opportunities for swimming, boating, and other good times. When the youngsters got to the camps they found that the hours of work were so long they had no time to enjoy the delightful vacation opportunities the area afforded. They could not earn enough to pay their living costs; furthermore, the community looked down upon them, wanted nothing to do with them, and would not allow them to use the only beaches that had life guards; many boys and girls left soon after they arrived. Of this program it was said, "We have three crews—one working, one leaving, one coming."

#### Agreements Between Employers and Placement Agencies

One of the most important advances made in 1944, in planning and operating farm-labor programs, was the use of agreements between employers and placement agencies setting forth the responsibilities of each and specifying the conditions under which boys and girls were to work and live. Camp programs in some places were more successful in 1944 than in 1943 largely because of these agreements. For instance, in one State the program for boys' work camps, about which explicit information was given to the boys, was based on a written agreement between the State extension service and the employers. This contract contained the following arrangements: The employer (1) estimated his needs with regard to amount of camp equipment and number of workers, field supervisors, bus drivers, and busses; (2) guaranteed certain minimum earnings for the field workers and for the field supervisors, and (3) agreed to provide housing and subsistence at a specified charge, to pay the bus drivers for transporting workers between the camps and the fields, to carry insurance on all

workers, and to keep records of the number of hours worked by each boy. The State extension service agreed to recruit workers, field supervisors, and bus drivers; to assist the employer to get necessary camp equipment; to furnish and pay for camp management and supervision; and to pay for first aid and medical care for the workers. The satisfactory experience under this program rested in large part on the definite understanding of the responsibilities of each agency.

An agreement made in another State between the extension service and the employers was drawn up in terms of general cooperation rather than of specific responsibility and did not work out so well. For example, wage rates were not specified but were to be decided upon later by a growers' committee, and decisions on housing were left open to subsequent bargaining; with regard to some conditions a number of alternatives were set forth, none of which was specific.

#### MIGRATORY FARM WORKERS

The programs for employment of nonfarm youth that have been developed during the war and are outlined here have not touched child workers in migratory families engaged in seasonal agriculture. The traditional substandard conditions and practices in a great deal of the farm employment of migrant family workers in this country, as known for many years and as observed in a few brief visits by Children's Bureau representatives in 1944, stand out in sharp relief against the even partly controlled employment practices in the wartime programs for young nonfarm workers described in this report, and also in the War Food Administration farm-labor programs for foreign workers, which are carried out in accordance with international agreements regarding employment standards and living conditions.

In one area visited in the summer of 1944 many of the 7-, 8-, and 9-year-old children living with their families in migrant camps were at work in the fields. The schools in this area were closed during most of the time the children were there—from July to the middle of September. Many of the families had come from a bean-growing area in which it was reported that the only schools available to these children had been closed for "crop vacations" from January through June. Often the same families migrate between these two areas year after year; many of the children were said to get no schooling at all.

In some camps the earnings of these migratory workers were withheld until the end of the season to keep the workers from leaving before all the

work was done, even though there were periods when there was no work for them; in other camps the earnings were withheld until a certain crop had been picked. The workday was usually 10 hours long when there was any work to do.

Overcrowded and unsafe trucks still transported large numbers of agricultural workers and their families from one State to another—often a distant one. Only a few States have legislation to regulate the transportation of farm workers, and there is no Federal legislation to regulate such transportation when only private carriers of passengers are involved.

An example of the kind of accidents that occur to farm workers being transported under undesirable conditions is the following: In an eastern State a truck transporting 37 migratory farm workers from another State was involved in an accident. The truck had sides about 7 feet high but it had no tail board or tail gate and no seats; these conditions were in violation of the safety laws of the State in which the accident occurred. Some of the passengers were seated on their baggage; others were standing. While attempting to pass another truck, also carrying agricultural workers, at a corner, the truck left the highway and crashed into two gasoline pumps which caught fire. The truck was wrecked and burned. Two boys, aged 10 and 12, were killed instantly and one 10-year-old boy died shortly afterward at the city hospital. Among the 31 seriously injured were three children 16 years old, one 15, five 14, three 13, and six ranging in age from 5 to 11 years.

Scattered reports of conditions in migrants' camps indicate that many of these camps housing both children and adults were as bad in 1944 as in former years. In farm-labor camps visited in one State, families were crowded into ramshackle quarters without facilities for bathing, or for washing clothes. There were flies everywhere, and the lean-to's in which the workers lived were not screened. There was no refrigeration, and no equipment to protect food from dirt and flies. In some camps garbage stood uncovered for days. In another State a report made to the governor describes these family camps in the following statement:

Last summer camps were in existence where several hundred migrants were living in inadequately equipped tent and cabin colonies. Some had been without any toilets or waste-disposal facilities at all for a considerable time, in extremely hot weather. Fecal matter and rotting garbage lay in malodorous heaps outside the camps, where they served as breeding places for flies and other insects that swarmed everywhere on the people, their children, their clothing, and their food. When outhouses were finally provided, some were left uncovered all sum-

mer, with flies swarming in and out of the pits only a few yards from unscreened tents where hundreds of people were living. In one place visitors stopped to speak to a woman preparing supper. She held a limp, black piece of food in her hand. When she shook her hand, the black color proved to be a solid mass of flies on a piece of raw fish. Many of the workers and their children were seriously ill with intestinal and other disorders and unable to get medical care.<sup>3</sup>

#### WHAT OF THE FUTURE?

Another year of top agricultural production is demanded for 1945 paralleling the record year of 1944. At the present writing the prospects of as large an adult labor supply for the 1945 season as in 1944 are decreasing rather than increasing. Last year a million and a quarter boys and girls under 18 took their part in producing a crop that was the largest in the history of this country—33 percent above the average for the 5 pre-war years, 1935-39. Nearly a million of them were hired emergency workers. There are indications that an even larger army of young persons may be needed during the coming year for seasonal agricultural work. This need will undoubtedly continue, though perhaps in lessening degree, until the end of the war.

This army of youth manpower on the labor front cannot be looked upon in any way as expendable; indeed we recognize on the contrary that to conserve it is one of the prime duties of the Nation. We cannot afford to leave their welfare to chance. During the war communities have accepted a greater responsibility for placing some safeguards around the employment of children in seasonal agriculture than ever before. We have learned that where all agencies in the community participate in planning programs for use of non-farm children in agriculture, they can accomplish good results. We have found that schools, farmers, parents, health and welfare agencies, placement agencies, youth-serving organizations, churches, and civic, labor, and other community groups can join in setting up standards and maintaining better conditions than have prevailed for hired farm workers in the past. This movement has also brought about recognition by many farmers that good conditions of employment do in fact pay dividends—that they improve production.

This war experience has yielded many other valuable lessons as to practicable methods of bringing about improvement in working and living conditions for boys and girls on emergency farm-work programs. One is the use of agreements that set standards for minimum age, housing, medical care, employment practices, wages,

<sup>3</sup>Brief Concerning Labor Camps for Migrants in New Jersey. Consumer's League of New Jersey, June 30, 1944, pp. 5 and 6.



and transportation, and that provide for insurance protection, such as were used to ensure decent living and working conditions in certain places for young workers, and also for adult workers brought to this country for agricultural work from foreign countries.

Another method of improving conditions is the setting up of machinery for giving complete information regarding the work to the young workers and their parents at the time the youngsters are recruited, telling them what the children are to expect in the way of working conditions, and also living conditions if they are to live away from home. It is also important for parents to be told the provisions that have been made to protect the health and welfare of their youngsters, to give them a basis for judging whether they want their children to work and live under the conditions outlined.

In every field of social activity, the war has awakened our citizens to a greater acceptance of responsibility for what is happening to all the children of the country. These young workers on emergency farm programs are a large segment of the whole youth population for whom community concern has thus been quickened. To improve present practices in emergency youth farm-work programs and to guard against return of traditional abuses, this community interest and activity must be intensified. To extend this concern

to the working children of migratory farm workers, who are in the community for comparatively short seasons, but have rarely been part of the community, requires an acceptance of a wider and even more difficult task, to be carried on into the post-war period. It demands—for all young farm workers—a foundation of legislative standards that will provide basic minimum safeguards for their health, safety, welfare, and education. This means minimum age and other child-labor legislation, school-attendance requirements, regulation of wages and labor conditions, and, for migratory workers, basic safeguards to ensure good recruitment practices, safe transportation, and decent, sanitary living conditions. On the basis of such a foundation the best features of these wartime programs can be promoted for all children in the agricultural labor force, thus taking a long step toward giving all of them, for the first time in our history, the rights that we believe belong to every American child—safeguards for his physical and social welfare, opportunity for full educational development, and protection from economic exploitation.

A limited number of copies of the complete article, *Young Workers in Agriculture in Wartime and Afterward*, of which this article, *Young Workers in Agriculture in 1944*, is a part, are available from the Children's Bureau.

## Supreme Court Decision Holds Telegraph Messengers Not Covered by Child-Labor Provisions of Federal Act

The Supreme Court of the United States, by a 5 to 4 decision, ruled on January 8 that the child-labor provisions of the Fair Labor Standards Act do not apply to messengers employed by the Western Union Telegraph Company. After stating that the Government's case was based on three steps; that is, that telegrams are "goods" within the meaning of the act, that the Company "produces" these goods, and that transmission of the telegrams is "shipment," the Court held that telegrams are "goods" within the meaning of the act but that the telegraph company is not a producer of messages nor does it "ship" messages. As to shipment, the Court pointed out that the statute applies the indirect sanctions of the act only to those who "ship" subjects of commerce

but that it does not define "ship," saying: "The fact is that to sustain the complaint we must supply an artificial definition of 'ship,' one which Congress had power to enact, but did not. We do not think 'ship' in this act applies to intangible messages, which we do not ordinarily speak of as being 'shipped.'"

Thus this decision places telegraph companies outside the scope of section 12(a) of the act, which prohibits the shipment in commerce of goods produced in an establishment in or about which oppressive child-labor has been employed. This means that so far as minimum age for employment is concerned, telegraph messengers are now subject only to the minimum-age standards set by State laws.

This decision drew a dissent from Justice Murphy, concurred in by Justices Black, Douglas, and Rutledge. Justice Murphy, in his dissenting opinion, stated that the Court had in effect granted the Western Union Telegraph Company a special dispensation to utilize the channels of interstate commerce while employing admittedly oppressive child labor, and that this had been done by reading into the act an exception that Congress never intended or specified. He maintained that the company does, in a very real and literal sense, "handle" and "work on" a message before it enters the channels of interstate commerce, and that it "ships" messages in commerce when its employees send them across State lines.

Justice Murphy also pointed out that "in approaching the problem of whether Western Union is a producer of goods shipped in interstate commerce we should not be unmindful of the humanitarian purposes which led Congress to adopt Section 12(a). Oppressive child labor in any industry is a reversion to an outmoded and degenerate code of economic and social behavior. In the words of the Chief Executive, 'A self-supporting and self-respecting democracy can plead no justification for the existence of child labor \* \* \*'. All but the hopelessly reactionary will agree that to conserve our primary resources of man power, Government must have some control over \* \* \* the evil of child labor \* \* \*.'"

## Movement for Basic 16-Year Minimum Age for Employment Under State Law

Following up a far-reaching proposal included in the four-point program for dealing with child-labor and youth-employment problems in the re-conversion period, set forth in *The Child*, September 1944 (pp. 40-41), the Children's Bureau has suggested consideration by the 1945 State legislatures of a basic 16-year minimum age standard; that is, a minimum age of 16 years for employment in any gainful occupation during school hours or for employment in, or in connection with, any manufacturing or mechanical establishment at any time. The effective date of such a measure might be deferred, if this is felt desirable, until termination of hostilities in the present war, or until such earlier date as labor requirements warrant.

The Council of State Governments is very much interested in this proposal and has brought it to the attention of governors, attorneys general, and commissions on interstate cooperation in all the States. The Council also brought the proposal before its regional meetings held during the month of December and urged the States to give it favorable consideration.

Interested groups or officials in at least 17 States are now considering, or working for, upward revision of State child-labor legislation. The following proposals are of particular interest:

### California

The citizens advisory committee on social and industrial welfare of the California State Reconstruction and Reemployment Commission has recommended far-reaching changes in the State

child-labor law, to take effect within 6 months after the close of the war, or sooner at the discretion of the governor. The more important recommendations are:

Raising to 16 years the minimum age for full-time employment in any place of labor.

Raising to 14 years the minimum age for work during vacation or outside school hours in non-factory employment, except in and around the minor's own home, in domestic work, and in agriculture.

Prohibiting employment at any time of any minor under 15 years in any manufacturing establishment.

Reducing maximum hours of employment of minors under 16 years to 40 per week from present maximum of 48 hours.

Raising from 16 to 18 years the minimum age for work in hazardous occupations.

Improving regulation of street trades.

Amending the workmen's compensation law to provide for at least double compensation in cases of injury to illegally employed minors. Under present law the same compensation is allowed as if the minors were legally employed.

### Georgia

The State child-labor committee of the Georgia Volunteer War Services Council has recommended improvements in the State child-labor law which would result in extended coverage of the law and which would provide much more adequate protection for children under 16 years of age. The most important proposals are:

A 16-year minimum age for employment in manufacturing establishments, laundries, and workshops.

A 14-year minimum age for most other employment except employment in agriculture and in domestic service in private homes. After the cessation of hostilities with Germany the minimum age is to be raised to 16 for employment during school hours.

Stricter regulation of hours of work for minors 14 to 16, including a maximum of 8 hours a day of combined school and work.

Required employment certificates up to the age of 18 for all employment except in agriculture and in domestic service in private homes.

Improvement in the regulation of street trades.

A companion school-attendance bill, raising the school-leaving age to 16, is also being supported by the State child-labor committee.

## • SAFEGUARDING HEALTH OF MOTHERS AND CHILDREN •

### The Role of Medical-Social Service in the Public-Health Program<sup>1</sup>

BY BEATRICE HALL

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The establishment and development of medical social work over the past 40 years has come about because of recognition by physicians of the significance of social and emotional aspects of health and medical care. A broad concept of medical care has never been limited to treatment of the organic impairment but has combined treatment of the physical illness or handicap and treatment of unfavorable social factors that influence the effectiveness of medical care and contribute to the degree and duration of the disability.

Increasing consideration of environmental and emotional influences upon illness is noted in medical literature in recent years. During the same period the practice of medicine has become increasingly complicated. The treatment of illness today involves the utilization of a variety of scientific techniques and specialized resources. In the course of a single illness a patient may require the services of several specialists; he may receive care through a number of related institutions.

In medical-care programs carried on by health departments medical services may be provided by a large number of physicians, hospitals, clinics, and convalescent homes. Social services are available through a variety of official and nonofficial agencies. The development of these programs has resulted in increased need for liaison and coordinative services by medical-social workers on the staffs of health departments in order to further the integration of medical, nursing, and social treatment.

In the treatment of venereal disease and cancer consideration of social and emotional aspects in the patient's situation is vitally important to the successful carrying out of the physician's recommendations. Anxiety about family affairs, fears related to the diagnosis, and apprehension about the future frequently prevent these patients from obtaining maximum benefits from the treatment services that are available to them. Staff

workers in tuberculosis hospitals have known many situations in which patients failed to carry through the recommended regime because of family or occupational responsibilities.

There are important social aspects in all phases of the treatment of crippled children under social-security programs, which, in 29 of the 52 States and Territories are a responsibility of health departments. Early location of a crippled child and early acceptance of care by his parents may have a direct bearing upon the degree of improvement that will result. Refusal of care or failure to cooperate in carrying out recommendations is frequently based on attitudes of members of the family group, which, if understood, can be modified. Social, educational, and recreational services must frequently be provided for a crippled child, if he is to obtain the best results from his medical care.

The responsibilities of health departments in relation to maternity and pediatric care have been very greatly increased during the past year and a half through the administration of the emergency maternity and infant-care program for wives and infants of enlisted men in the lowest four pay grades. This program is now in operation in all the States and in Alaska, Hawaii, the District of Columbia, and Puerto Rico.

As a basis for discussion of the role of the medical-social worker in the public-health program, the social needs among patients receiving services through the crippled children's and the maternal and child-health services will be considered here.

#### Services for Crippled Children

The objective of present-day programs for crippled children is not only to enable the crippled child to attain the best physical condition that is possible for him but at the same time to enable him to develop all his potentialities as fully as possible within the limitations of his handicap.

Unfavorable emotional factors are inherent when there is an obvious handicap which sets a child apart from his fellows and limits his activity. A case described in a report of the New

<sup>1</sup>Paper given at the Eighteenth Annual Conference of Health Workers of Western Massachusetts, Westfield State Sanatorium, Westfield, June 8, 1944.

York City Commission for Study of Crippled Children is an example of this.

A mother reported that her child, who seemed well adjusted when at school or playing with friends, was found several times in front of the mirror talking to his crippled arm, exclaiming, "I'll kill you, I'll kill you."

Problems in the home frequently interfere with carrying out of physicians' recommendations.

A teen-age girl with rheumatic fever was reported by a visiting-nurse association as not being at bed rest although this had been ordered. The mother had refused to allow the girl to go to a convalescent home because her services were needed to take care of the younger children while the mother went out to work.

There are implications of social difficulties in a plan for medical treatment that necessitates periods of care in a hospital or a convalescent home at some distance from the child's home, or that entails prolonged nursing care at home, placing a heavy burden upon an already overworked mother. Unless the interrelationship of medical and social factors is recognized and is given consideration in making plans for a crippled child, he cannot be helped toward the useful and satisfying life which is the ultimate objective. This objective can be achieved only if the medical treatment and nursing care of the child are integrated with his growth and his development in social adjustment, education, and vocational training.

Ruth was a 15-year-old high-school girl who came to the crippled children's clinic for treatment of her right leg and hand, which had been partially paralyzed since birth. Her home situation was particularly difficult in many respects, and this, combined with her handicap, resulted in lack of acceptance by her schoolmates. Ruth was unable to concentrate on her school work or cooperate in the plan for her medical care. The orthopedic consultant planned a series of operations designed to improve the functions and the appearance of her arm and leg. This treatment extended over a period of years, during which plans were also made for her education and training, so that by the time her physical handicaps were removed, she would be ready to be a self-supporting member of her community.

Through the guardianship of one of the protective agencies, Ruth went to live with an elderly couple whose companionship, sincere interest, and affection gave her a feeling of security for the first time. She attended a school for crippled children, and soon found a place for herself in spite of her handicaps. She made many friends. The medical treatment was carried out as planned, with consequent improvement in her physical appearance and in the functioning of her leg and arm.

Later, she found an opportunity to work and live in a supervised boarding home for girls. For the first time she became aware of her earning capacity and soon accumulated a savings account of almost \$100. Today she is happy, has become independent, and has learned to make decisions for herself and to plan for her future. With the cooperation of local social and health agencies and the division of vocational rehabilitation of the department of education, it has been possible to instill in Ruth a feeling of self-confidence and of assurance that she can maintain herself in a constructive position in the community.<sup>2</sup>

### Maternal and Child-Health Services

All of us who have been concerned in any way with the emergency maternity and infant-care program see frequent evidences among this group of patients of the stresses and strains inherent in the war situation. We have all been impressed with the youth of the wives and mothers who are receiving care through this program and with the problems arising from the absence of the husband and father from the home. One hospital social worker has known several young wives who asked about giving their babies away because they felt completely helpless to make any plans for themselves and their children. In the absence of their husbands some girls were becoming overdependent upon their own mothers and tended to throw upon them the entire burden of planning. In some instances this responsibility was accepted so readily by the young mother's parent that one fears its eventual influence upon the girl's future and that of her baby. Other cases revealed conflict disturbing to the baby's routines and habits.

Some months ago a visiting-nurse association reviewed its experience in providing maternity nursing services to a group of 40 servicemen's wives. Half of these wives were 17 to 21 years of age, and more than half the husbands were under 25. Thirty-nine of the babies were first babies. Excerpts from the nurses' notes reveal typical problems.

Husband not contributing to support of wife and baby. Wife living with her family. Family antagonistic toward husband. Mrs. A. very immature and will take no responsibility for care of the baby. Her mother has taken over completely.

Nov. 4: Patient in rooming house. Not sufficient food, and housing inadequate. Red Cross gave relief at request of nurse. Nov. 9: Bewildered and unable to follow nurse's instructions. Baby not having adequate care. Nov. 24: Mrs. X. wants to join husband. Relatives discourage her. Family did not approve of the marriage.

These women and girls have had little time or opportunity to prepare themselves for the responsibilities that are being thrust upon them. Their husbands are young too and in many instances equally unprepared to assume the responsibilities of family life. They are anxious and worried about their wives and are at the same time facing a hazardous future and the necessity of adjusting themselves to a new way of life and to military discipline. The resulting insecurity of these husbands and wives expresses itself in a variety of ways. They question policies and procedures, they write long letters to those in authority, the women break appointments

<sup>2</sup>Huber, Edward G., M.D.: *Services for Crippled Children*. Bulletin of Mass. Department of Public Health, Vol. 2, No. 3 (April 1944), Boston.



and fail to follow medical recommendations, they change doctors frequently, they delay in making preparations for care.

Sometimes these patients and their husbands have been characterized as "demanding," "unreasonable," "uncooperative," and so forth, and frequently attempts are made to deal with the manifestations without sufficient recognition of the motivating force. Increased understanding of the total problems these women are facing makes it possible to give greater help to the patients and also contributes to an easier and more effective administration of the program.

In preventive health services, such as child-health conferences, many social needs come to the attention of the staff. The effectiveness of these health services is greatly increased when the staff is alert to indications of social needs, understands how to obtain social services through community agencies, and accepts responsibility for helping families to make use of available resources. Increased understanding of home situations helps the conference staff to have a keener appreciation of the value of flexibility and individuality in health instruction. It facilitates recognition of parental attitudes and early manifestations of behavior patterns in children which may lead to serious problems in family and social relationships if skilled service is not promptly made available. On the other hand, community agencies providing social services frequently need help toward a better understanding of health problems in order that they may respond promptly and effectively to requests for services from the health agency.

#### **Consultative and Coordinating Role of Medical-Social Workers**

Many of the medical-social workers employed on the staffs of State and district health departments are called "consultants," a term which seems truly descriptive of their primary function. The medical-social worker on a State or district staff does not duplicate the services of social workers in State or local welfare departments, of hospital social workers, or of public-health nurses and other personnel on the health department staff. As a specialist in social problems related to health and medical care, she provides consultant services to all these workers on individual and community problems that interfere with the effectiveness of health services. Through her liaison activities with hospital social-service departments and social agencies she strengthens the integration of health and welfare services. She interviews patients and parents in the health-department clinics in order to discover and evaluate social aspects in individual situations. She plans

for meeting problems in cooperation with other members of the health-department staff and with local social workers.

In communities where no social agency is able to provide the service which the patient needs, the medical-social worker in the health department may provide services herself, as a temporary measure, to supplement the services provided by the community. In some rural areas, the need for these supplementary services is considerable at the present time. The extent of the services that may appropriately be provided by the medical-social worker and the way in which she operates in any community depend upon local needs and the availability and adequacy of local services. The necessity to provide direct service decreases with the development of local welfare departments, expansion of child-welfare services, and increased provision for social services by hospitals and convalescent homes. Local responsibility for health and welfare services to individuals is generally accepted and we know that local participation and local responsibility are essential in the development of stable, permanent services. State and district medical-social workers are looking forward to the time when local communities can take responsibility for providing services, with medical-social consultation service available through the health department.

The medical-social worker helps to speed the day when this will be possible by participating in community efforts to improve and expand local social services. As a member of the health-department staff, she is in a strategic position to know the extent of unmet social needs and the often tragic end results of a community's failure to take steps to meet them. She can also act as an impartial observer in instances of overlapping or duplication in the services of social agencies and can help communities in working toward more effective and economical use of available facilities. Individual situations illustrating such problems can be used most effectively in discussions with social agencies directed toward extension of services or modification of rigid policies and procedures which present barriers to effective utilization of available services.

Because medical-social workers are social workers they approach community and individual welfare problems with a deeper appreciation of the welfare agency's point of view and can often bring about a better understanding between a health agency or hospital and a social agency. The parents' acceptance of recommendations made in a child-health conference or through the school health programs is not enough in itself, if they are unable to obtain medical care through their

own resources. In some communities they must seek help in obtaining care from other agencies. The agencies to which they turn for necessary assistance must also have understanding and acceptance of the recommendations. Medical-social workers have made headway with such problems through participating in conferences between public-health nurses and welfare departments and through discussion with staff and supervisory workers in the welfare departments. In some States they have participated in the in-service training programs of the welfare departments. This works both ways; welfare workers can contribute to the programs of health departments. Such an exchange gives the staff of each agency a better understanding of the other's programs, and paves the way for more effective joint effort.

The medical-social worker in the health department can also be of assistance in strengthening the working relationships between hospitals and local health and welfare agencies. In small hospitals where no medical-social worker is employed plans have been worked out for prompt exchange of medical and social information and joint planning between the hospital and community agencies in the interest of certain groups of patients. Several workers in State crippled children's programs have helped hospital administrators establish social-service departments or have been instrumental in bringing about extension and improvement of these services.

The activity of the medical-social worker in the health-department clinics in discovering and evaluating social aspects in individual situations has been referred to earlier in this article. Responsibility for recognizing and considering these factors is shared by all members of the health-department staff and by all persons who come in touch with the patient. The social component in illness cannot be filtered out and handed over to any one person as a sole responsibility—be it physician, nurse, medical-social worker, or welfare worker. The medical-social worker has primary responsibility in this respect, however, and her training has been concentrated upon understanding the social and emotional aspects of human behavior, particularly as related to illness and medical care. She can therefore give help to other staff members by increasing their understanding of social factors that affect the medical, nursing, or other care which is their primary concern. The effectiveness of the public-health instruction given by physicians, public-health nurses, nutritionists, and so forth, is dependent to a great extent upon the approach to and the receptiveness of the mother or child on the receiving end, so to speak. All professional groups have some training and ex-

perience along this line, but opportunity for consultation with the "specialist" may reduce the number of situations sometimes called "failures to cooperate" and lessen the time necessary for follow-up.

The medical-social worker is available for such consultation and her services are being utilized increasingly, particularly by the State and local public-health-nursing staffs through group discussions and individual conferences. In certain instances a medical-social worker may be asked by the public-health nurse to visit a family in order that she may secure a more complete understanding of the social problems before giving consultation. After this, the medical-social worker and the nurse decide upon the next step. In some situations the nurse continues to carry responsibilities for helping the patient to meet his problem, either alone or in cooperation with a local social agency. In other instances it may be decided that the medical-social worker is to assist the nurse further, through consultation or by provision of certain services directly to the patient. It goes without saying that whenever two or more members of the medical team, such as doctor, public-health nurse, and medical-social worker, are concerned with the social situation in the same case, they must agree among themselves, by occasional conferences, what responsibility each will carry. The medical-social worker can participate successfully in such joint activity because she, also, has been trained to recognize and encourage the patient's relationship to all members of the medical team.

#### Summary

The medical-social worker brings to the public-health program an emphasis upon the social aspects of health and medical care, aspects that are of concern to all the members of the medical team. She has primary responsibility for the discovery and fulfillment of social needs that prevent individuals and groups from being able to make effective use of health services. Her chief activities are in the fields of consultation and coordination, although she may provide services herself in the absence of other facilities for meeting needs. Her consultation services are available to other members of the health-department staff and to local health and welfare workers on individual and community problems. In her liaison capacity she brings to welfare and social agencies continuing explanation of health-department programs and policies and to the health department increased understanding of what services are available through these agencies and how their services may be utilized most effectively in the promotion of positive health for the community.

## • SOCIAL SERVICES FOR CHILDREN •

### Care of Infants Whose Mothers Are Employed

#### Policies Recommended by the Children's Bureau

The protection of children under war conditions is one of the major responsibilities of a nation. The Children's Bureau has developed a policy and recommendations in the light of the special protection that is necessary in the care of infants.

In making these recommendations the Bureau believes that this policy can be put into effect if a qualified staff and sufficient funds are available and if the following steps are taken:

1. Need is established in a realistic manner. Experience has proved that the most reliable measurement of need for infant care is the direct requests from mothers.

2. Information and advisory services are made available to mothers who are employed or considering employment, in order that they may have help in planning for their children and in securing facilities best suited to their needs and to their situation.

3. A program of foster-home care and other individualized care is developed and made available particularly to the employed mothers of infants.

The Children's Bureau will give every possible assistance to State welfare and health departments in meeting the problem of the care of infants of working mothers.

The Children's Bureau is planning to issue a series of suggestions on various aspects of a program of care of infants and young children of working mothers directed toward safeguarding the health and welfare of the children.

The normal development of many young children is threatened by wartime conditions such as problems connected with the employment of mothers, changed family relationships growing out of the absence of fathers, and the lack of suitable provisions for care of children outside the home.

#### Conference on Care of Children Under Two

The Children's Bureau, as authorized by statute, is concerned with the welfare of all children and on July 10, 1944, called a conference on the care of children under 2 years, which was attended by authorities from the fields of psychiatry,

child welfare, child health, and child development. The purpose of the conference was to have the members advise the Children's Bureau on the needs of infants and the ways in which these needs can best be met under war conditions.

The group agreed on the following principles:

An infant can develop fully only through a relationship of affection with his mother (or one person who regularly stands in place of the mother). It is only through the cumulative daily detail of small acts making up the mother's care, through which the mother expresses her affection for the child, that an infant can develop the capacity to give and receive affection so important throughout his life. The effect on infants of group living in which the child is deprived of this relationship has been seen in slower mental development, social ineptness, weakened initiative, and damage to the child's capacity in future life to form satisfactory relationships.

Although most mothers wish to care for their babies, many mothers go to work because of pressures of personal problems and the burden of full responsibility for their children when the father is in service.

Professional counseling and advisory service is essential so that mothers may have opportunity early in their planning to discuss their situation and the needs of their children.

When some form of care away from the mother for part of the 24 hours is necessary, foster-family day care more nearly meets the infant's needs than group care. This form of care provides opportunity for "mothering" and for continuance of some of the child's daily routines and experiences under conditions similar to those in his own home. It also involves less danger of exposure to infection than does group care.

Experience over many years in group care of infants has demonstrated that it is not adapted to their needs.

The age of 2 years is not an appropriate dividing line with reference to group care. While no arbitrary age can be set, the age of 3 years would more frequently represent the stage of development at which the child can benefit from group life. Distinction was made in the discus-

sion between a child's ability to benefit from group care on the basis of a few hours each week or each day and full-time group care as a substitute for the mother's care.

### Policies Recommended

After giving full consideration to these conclusions, the Children's Bureau reaffirms its policy that group care is not a satisfactory form of care for infants, and makes the following recommendations:

1. Decisions as to the care of young children should be made in the light of the child's needs, which should be given primary emphasis.
2. Every effort should be made to preserve for the young child his right to have care from his mother, since the normal development of the young child depends upon an affectional relationship with her.

3. Advisory and counseling service should be made available in every program of child care.

4. Foster-family day care, which can more nearly meet the infant's needs than group care, should be developed for children under 2 or 3 years of age who must receive care away from their parents for part of the 24 hours. Consideration should also be given to foster homes in which mother and child live together.

5. Group care is not a satisfactory method of caring for children under 2 years of age.

6. Whenever possible the age of admission to group care should be fixed at 2½ to 3 years, because a child of that age is more nearly ready than a younger child to enter group life.

7. Public information should be developed on the needs of young children so that mothers may be better informed as to their importance to their children and better able to make sound choices in planning for their care.

### Retirement of Emma O. Lundberg

Emma O. Lundberg, Consultant in Social Services for Children in the Office of the Chief of the Children's Bureau, retired as of January 1, 1945.

The contribution made by Miss Lundberg to the cause of child welfare in the United States is unique because of her understanding of the needs of children, her broad experience, and her originality of thought. No one in the field of child welfare has a keener interest in the search for truth, and a more balanced judgment.

Miss Lundberg's service with the Children's Bureau extends over a period of more than 20 years, interrupted by 10 years of work with other organizations. Miss Lundberg came to the Children's Bureau in November 1914 and organized the Social Service Division. As director of that division her work included the development of pioneer studies in mental deficiency, illegitimacy, juvenile delinquency, mothers' aid, and county organization for child care and protection. She also worked closely with the State children's code of child-welfare commissions which came into prominence during that period.

At the end of 1925 Miss Lundberg left the Children's Bureau and became Director of Surveys and Studies for the Child Welfare League of America. She later served as Director of Research and Statistics of the New York State Temporary Relief Administration. She returned to the Children's Bureau to assist in preparing for the administration of child-welfare services under title V, part 3, of the Social Security Act and was Assistant Director of the Child Welfare Division from 1935 to 1942, when she became Consultant in Social Services for Children.

Especially close has been Miss Lundberg's con-

nection with the White House Conferences. She organized the work for the section on children in need of special care of the 1919 White House Conference on Child Welfare Standards. She was Research Secretary of Section IV—The Handicapped, of the 1930 White House Conference on Child Health and Protection. In 1940 she served as Assistant Secretary of the White House Conference on Children in a Democracy and was responsible for the administrative work of the Conference organization as well as for the development of the material on social services for children. Her report, *Standards of Child Health, Education, and Social Welfare*, published in 1942, was based on the recommendations of the Conference. She was responsible for the liaison work of the Children's Bureau with the National Citizens Committee appointed to follow up the recommendations of the 1940 Conference and, when the National Citizens Committee closed its New York office in January 1943, Miss Lundberg was made responsible for providing leadership for the follow-up program and relating it to the State action program of the National Commission on Children in Wartime. "Our Concern—Every Child," Miss Lundberg's most recent publication, relates the White House Conference recommendations to post-war objectives for children and gives them practical application in the form of outlines for the review, by States and communities, of existing services, potential resources, and children's basic needs. A report, *Essentials of Adoption Law and Procedures*, which has just been released in preliminary form, was completed by Miss Lundberg just before her retirement. K.F.L.



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